

California State Library
Library Services and Technology Act (LSTA)
Fiscal Year 2000/2001

APPLICATION (LSTA 6)

Submit in five (5) copies by 4:30 p.m., **Tuesday, June 2, 2000**, to Attn: Jay Cunningham, Library Development Services, California State Library, P.O. Box 942837, Sacramento, CA 94237-0001, for mail. (Express delivery: 900 N Street, Suite 500, Sacramento, CA 95814). FAX is not acceptable. INFORMATION: Tel. (916) 653-5217.

1. Project title: _____

2. Applicant name and jurisdiction: _____

3. Applicant contact: _____ Phone: _____

FAX: _____ E-mail: _____

4. District: Assembly _____ State Senate _____ House _____

5. Population: Client _____ Total _____

6. Participants other than applicant:

SIGNATURE

LIBRARY/AGENCY

7. LSTA amount requested: \$ _____

Project Title: _____

Applicant Jurisdiction: _____

-
8. Project Summary: complete in space provided.

State Plan Reference (e.g. "Goal C. S-T #1"): _____

(Do not attach additional pages)

Project Title: _____

Applicant Jurisdiction: _____

9. Budget Summary

a. Salaries & Benefits

b. Library Materials

c. Operation

d. Equipment (\$5K+)

e. Total for Objectives

f. Indirect Cost

g. TOTAL

LSTA (1)	Other funds (2)	In-kind (3)	Total (4)

10. Client needs and project goals.

Project Title: _____

Applicant Jurisdiction: _____

11. Measurable objectives to reach goals.

12. Project actions in time sequence.

Project Title: _____

Applicant Jurisdiction: _____

13. Personnel requirements and staff training.

14. Public relations plan.

Project Title: _____

Applicant Jurisdiction: _____

15. Statewide significance.

16. Evaluation.

Project Title: _____

Applicant Jurisdiction: _____

17. Methods of continuation:

A. Local

B. Statewide

Project Title: _____

Applicant Jurisdiction: _____

18. Program budget: LSTA funds requested. (Use extra pages if more than 3 objectives.)

	<u> </u> (1)	<u> </u> (2)	<u> </u> (3)	Total (4)
a. Salaries:				
list personnel (use part 19. for detail and to explain)				
Benefits:				
@ ____%				
SUBTOTAL				_____
<hr/>				
b. Library Materials:				
SUBTOTAL				_____
<hr/>				
c. Operation:				
Contracts				
Equipment (under \$5,000)				
Comp. software				
Database sub's.				
Postage				
Printing				
Supplies				
Telecom				
Travel				
Other (specify):				
SUBTOTAL				_____

Project Title: _____

Applicant Jurisdiction: _____

18. Program budget: LSTA funds requested, cont'd.

	<u> </u> (1)	<u> </u> (2)	<u> </u> (3)	Total (4)
d. Equipment (over \$5,000)				
SUBTOTAL	<div></div>			<div></div>
<hr/>				
e. TOTAL FOR OBJECTIVES	<div></div>	<div></div>	<div></div>	<div></div>
<hr/>				
f. Indirect cost, maximum 10% of line e. TOTAL	<div></div>			<div></div>
<hr/>				
<div><div>g. TOTAL LSTA</div><div></div></div>				
<hr/>				
h. Other funds				
SUBTOTAL	<div></div>			<div></div>
<hr/>				
i. In-kind				
SUBTOTAL	<div></div>			<div></div>
<hr/>				
j. TOTAL PROJECT	<div></div>			<div></div>

Project Title: _____

Applicant Jurisdiction: _____

19. Narrative support for budget.

Project Title: _____

Applicant Jurisdiction: _____

20. Certification.

- a. I affirm that the jurisdiction or agency named below is the legally designated fiscal agent for this program and is authorized to receive and expend funds for the conduct of this program.
- b. I affirm that any or all other agencies participating in the program have agreed to the terms of the application/grant award, and have entered into an agreement(s) concerning the final disposition of equipment, facilities, and materials purchased for this program from the funds awarded for the activities and services described in the attached, as approved and/or as amended, application.

(Signed): _____
Authorized representative (For schools, should be Principal/Supt.) _____ Date _____

(Printed): _____
Name and title

Organization: _____

Street/mail address: _____

City: _____ County: _____ ZIP+4: _____

Telephone: _____ FAX: _____

INTERNET E-mail: _____

JLC:jlc
A:LSTAAPP6A.001